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Bib Data Sheet

|                             |                                     |              |                                |                                  |
|-----------------------------|-------------------------------------|--------------|--------------------------------|----------------------------------|
| SERIAL NUMBER<br>09/579,324 | FILING DATE<br>05/25/2000<br>RULE - | CLASS<br>370 | GROUP ART UNIT<br>2701<br>2667 | ATTORNEY DOCKET NO.<br>HDM2000-1 |
|-----------------------------|-------------------------------------|--------------|--------------------------------|----------------------------------|

## APPLICANTS

Thomas Nello Giaccherini, Carmel Valley, CA ;  
 James Riley Stuart, Louisville, CO ;

N/A

## \*\* CONTINUING DATA \*\*\*\*\*

N/A

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

N/A

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 07/21/2000

## \*\* SMALL ENTITY \*\*

|  |                        |                     |                    |                         |
|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>3 | TOTAL CLAIMS<br>24 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature  | Initials               |                     |                    |                         |

## ADDRESS

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## TITLE

Method for utilizing excess communications capacity

|                            |   |  |
|----------------------------|---|--|
| FILING FEE RECEIVED<br>446 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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